:			CLA			· ·		10	145,954			
		1		Tool	/ma 1)	(Column 2	, ·	•			1	
		BASIC FEE	DR	NUMBE	R FILED	-		SMALL EN	TIT.Y	OR '	or	HER THAN
•	•	(37 CFR 1.16	(-II)		WHICED	NUMBER EXT	RA			)	SM	ALL ENTITI
		TOTAL CLAUGE						RATE	_FEE			
		(37 CFR 1.16(c))					- 11	. 1			RATE	FÆ
		INDEPENDE	15 2		minus 20 =			- 5		OR		T"
		(37 CFR 1.16)	bij .				- 11	x s 25 = 1		Oiv		s
			·		minus 3 =   .					OR	× s 50,	
		MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1 16/41)						cs_100 <u>.</u> T		ŀ		ı
								100		OR	x , 200	
	- 1	If the difference in column 1 is a						Fs:180   1	- 1	<u> </u>	2	
	- 1	If the difference in column 1 is less than zero, enter 10° in column 2.								OR	+ 360	1 1
	CLAIMS AS AMENDED - PART II							TOTAL	- 1	_		+
	-1	·	SOUND W	2 AWEN	DED - PAR	•			OR	TOTAL	1 1	
	-1	•			,	· · · · · ·						L
	ŀ		(Column				- 1					
	1		. CLAIM	S		umn 2). (Column	1 3)	SMALL COM				
	1	Total  (3) CFR 1.16()  (1) OFR 1.16()  (1) OFR 1.16()	REMAIN	NG	HIGH			SMALL ENTIT	Υ	OR	OTHER	RTHAN
	1		AFTER	₹ .	PREVIO		NT	RATE		_	SMALL	ENTITY
	1	∑ Total	AMENDME	ENT	PAID	FOR EXTRA	٩	1 ~~	001-	- 1	•	
,		(31 CFR 1.16)		Mi	Direct 1 11		i	FE	NAL .	- 1	RATE	, AD0+
	li	Independent (3) OFR 1.16(t	· K	<del></del>	42		11	25.		_		TIONE
	]. :	\$		1	rus ··· 🗸	=	- 1 1 × 3	20=	1,	DR x	.50	FEI
	^	FIRST PRES	ENTATION SE		0_		1 xs	100=		7 X 3	=	1.
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))									OR X 5	20Q T	
				_   +s	180= 1	. 7	-	==-				
- 1			•						•	R +s	31d) 1	1
- 1	(Column 1)  TOTAL ADD'L FEE OR TO										AI	
· 1	α								°	R 400	L FEE	1 .
- 1			REMAINING	:	HIGHES	ST	<u></u>				٠. ر	
- 1	Z	:	AFTER	1	HUMBE		11 0	7.5				1
- 1	ENDMENT	Total	AMENDMEN	Т	PREVIOU: PAID FO	SLY EXTRA	11 ~	TE ADDI	- 1	1 .		
- 1	$\bar{Q}$	(3) CHR ("IECH	1.	Minu:	5	=	1	TIONA FEE	i.	1 10	ATE	ADDÍ
- 1	ω	fridependent (37 CFR 1.16(6))	1.				$\int x_{s}$	5		1	- 1	TIONAL
ı	₹	11.01(1.16(6))		Minus		=	1 1 ^3=		_ OR	× s 5	1	FEE
- 1	⋖	FIRST PRESEN	TATION OF A				x s [[	(X)=	- J	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	<u>=</u>	
			ITATION OF MULTIF			OR	x s 2	00. 1				
- 1							]   +s 18	$O_{\scriptscriptstyle{-}}$				
-1							TOTAL		OR	·+ 34	OQ	İ
-			(Column 1)		•	•	ADO'L	FEE	OR	TOTAL		
	၂၂	-	CLAIMS '	7	(Column 2	(Column 3)	·			J'QOA	EEE	.
			REMAINING	1	HIGHEST		r				•	
1 7	NILINI INILINI		AFTER	1.	NUMBER PREVIOUSE		RATE		7			ı
13	ĕΓ	Total	AMENOMENT	ļ ·	PAID FOR	Y EXTRA	1 ,~,,	1 4001-	1	RAT	e	
		(37 CFR 1.16(c))		Minus		=		TIONAL		'**	· ,	ADDI-
$\int d$	41	Indépendent (J7 CFR 1.16(b))		<del> </del>		1 1	x s 25		-			ONAL FEE
0.40.40	₹  -	× 1.16(6)		Minus	***	=	^ 3==	=	OR	x 5 20		
<		FIRST PRESENTATION OF					x s   00	)	7 "		I	1
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1,16(d))							<del></del>	OR	x s 200	Q	:
1		4.5 (31 CFR 1.46(d))						)_	1			
l	٠,	If the entor in			, OR	+ ,360	)_	- 1				
If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  If the "Highest Number Previously Paid For IN THIS SPACE is less than 3.  If the "Highest Number Previously Paid For IN THIS SPACE is less than 3.												
If the "Highest Number Previously Paid For IN THIS SPACE is less than 20, enter "20"  The "Highest Number Previously Paid For IN THIS SPACE is less than 20, enter "20"  The "Highest Number Previously Paid For IN THIS SPACE is less than 20, enter "20"												1
If the Highest Number Previously Paid For IN THIS SPACE is less than 20, enter '20'.  The Highest Number Previously Paid For IN THIS SPACE is less than 3, enter '20'.  This collection of information is required by 37 CFB (10 The highest number found in the highest number found												
บรค บรค	∜œ i OT	ection of inform	ation is required	by 37 CE	otal or Indepen-	dent) is the highest	Rumber town	4 t= 11				1

the Highest Number Previously Paid For IN THIS SPACE is less than 3, enter 3.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the user) and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments and Trademark Office. U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS